

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>6/10/05</u>		2 Serial/Patent # <u>10/519/50</u>																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> Filing</td><td style="width:15%;"></td><td style="width:15%;"></td><td style="width:20%;">\$ <u>100.00</u></td></tr> <tr><td><input type="checkbox"/> Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/> Filing			\$ <u>100.00</u>	<input type="checkbox"/> Amendment			\$	<input type="checkbox"/> Extension of Time			\$	<input type="checkbox"/> Notice of Appeal/Appeal			\$	<input type="checkbox"/> Petition			\$	<input type="checkbox"/> Issue			\$	<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/> Maintenance			\$	<input type="checkbox"/> Assignment			\$	<input type="checkbox"/> Other			\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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		7 TOTAL AMOUNT OF REFUND \$ <u>100.00</u>																																									
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/c #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50 -- 1390 </div>																																									
11 REFUND REQUESTED BY: <u>Francine Young</u>																																											
TYPED/PRINTED NAME: <u>FRANCINE YOUNG</u>		TITLE: <u>Paralegal</u>																																									
SIGNATURE: _____		PHONE: _____																																									
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